

April 22, 2012

Michigan House of Representatives
House Judiciary Committee
124 North Capitol Avenue
P.O. Box 30014
Lansing, MI 48909-7514

Re: Michigan Medical Marijuana Act

Dear Members of the House Judiciary Committee:

House members have introduced various bills to amend the Medical Marijuana Act piecemeal without comprehension. I fail to see constituents demanding such action. Please recall that the voter initiated law was passed by 63% and that the legislature had one year to take action before it became effective. No new regulations have come from MDCH since April 2009. The state has received more than 7 million in revenue, and the act has fostered many independent entrepreneurs, such as caregivers, growing supply stores, publishers and dispensaries.

Note also there are several pending court cases challenging local restrictions. Despite the popular mandate, cities have adopted them solely to maintain the revenues from fines and forfeitures, which benefit LEO's, the courts and municipalities themselves. Marijuana is a soft drug and presents a soft target for municipal revenues, and the fines & costs at criminal sentencing include many 'tax-farmed' items.

Instead of honestly trying to resolve concerns raised by the act and subsequent experience, these bills show a blatant attempt to tear down the purposes of the act in an intolerant and somewhat cruel manner.

H.B. No. 4661. This criminalizes any growing within 500 ft of a church, school or day care. While local zoning may reasonably restrict such activity, this is not alcohol by the glass or a place open to the public. Not the business of the legislature.

H.B. No. 4834. Having pictures on registry ID cards isn't unreasonable but accomplishes nothing, as they are not a primary form of ID, and raises other questions. But if they are mandated, then why should police have MDCH "information associated with an individual" for who LEO has a name and DOB or a registration number. This is in bad faith.

H.B. No. 4850. Registration is the primary process for patients and caregivers, yet the act permits a Section 8 defense despite non-registration. When 2 persons are both registered, and have the right of association, to prohibit transfers between patients and or caregivers clearly re-criminalizes conduct that is otherwise permitted, except for the declared relation of patient to caregivers. This is absurd and an indirect attempt to abrogate the intent of the act.

H.B. No. 4851. Aimed at the doctors to discourage 'prescription mills,' this bill is insidious by attempting to define the Doctor-Patient relation in an overly restrictive manner. It ignores that many physicians will not consider providing a recommendation because of their DEA license and the Federal Schedule 1 classification. If a 'certification center' doctor reviews appropriate medical history, why must the patient be examined or treated for other conditions? Why should a patient be required to use that doctor as a subsequent primary care physician? Let the doctors police the

doctors as provided.

Further this provides prosecution the basis for a collateral attack on the validity of the patient's registration. It is wrong for prosecutors to attack the validity of a patient's registration, by questioning his medical condition or by opening the issue by questioning the doctor. Highly Objectionable and in bad faith.

H.B. No. 4852. If local zoning is valid as to restricting a growing facility's location, then why does the state need to buttress the local authority? This is a snide amendment that attempts to influence current litigation, as for the City of Livonia. Not business of the legislature.

H.B. No. 4854. Prohibition on advertising as caregiver violates 1st Amendment. Written info by Again, information from MDCH in Section 3 should be limited to validity of registry as current patient or caregiver.

H.B. No. 4856. This addresses possession, as opposed to the already prohibited use, in a motor vehicle. Marihuana is not a handgun or firearm. If a person is a registered patient or caregiver, the mere possession in a vehicle should not be proscribed. This criminalizes otherwise legal behavior. Objectionable.

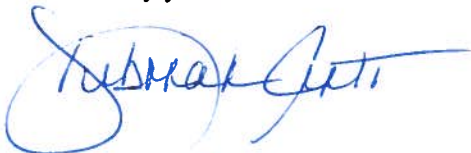
Marihuana is fat soluble, as opposed to alcohol, which is water soluble. It is impossible to use the same standard of testing for purposes of "zero tolerance" laws, simply because of this fact. Please use good judgment in your legislation when attempting to adhere to these laws. While alcohol will pass through the body at the average rate of one ounce per hour, marihuana is present, although not active, for several days or weeks. I am sure that you do not really expect patients to use their prescribed pain relief once a week, or once a month, so that they would test negative in order not to receive what is essentially a DUI when they are not under any influence at all?

I have met dozens of people involved in the medical marijuana community. My impression is that anyone so inclined to go through the process of registering with the State as a Patient or Caregiver has relied on the bona fides of our Government and limit activities within the rules and regulations. Now these bills would abrogate rights apparent under the act, re-criminalize certain actions and restrict the ability of registered patients to obtain their medicine. This plethora of actions is misguided.

If the legislature is going to do anything, you should address the issue of Dispensaries, and how they may be restricted or limited, on the questions of location, advertising, on premises use, etc. Many communities object to them and have full authority to reasonably limit their size and operation. It defies logic to limit the right of association to like-minded persons and should not deprive or prohibit patient to patient transfers or exchanges.

I trust reality can rein in the political bravado and halt these attacks on the current law.

Sincerely yours,

A handwritten signature in blue ink, appearing to read "Subramaniam".

1363 Edgewood
Berkeley, MI 480072